STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Registration District No. 2. U. G. Prinage Registration District No. 3. U. H. Registration No. 2. U. G. Prinage Registration District No. 3. U. H. Registration No. 2. U. G. Prinage Registration District No. 3. U. H. Registration No. 2. U. G. Prinage Registration District No. 3. U. H. Registration No. 3. U			-		_			TEFICE NUMBER G
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OR TOWN MOLON 170 MOLON 17	Ŀ	o. COUNTY	Maco	2		a. STATE	11550U11 b. CO	UNIT /L/7
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DIOURCED DIVORCED	5. SE	x ຄ	6. COLOR OR RA	E 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	THE OTHER LY
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13. FATHER'S NAME OMES SUNTON 15. WAS DECEASED EVER IN U. S. ARMED FORCEST (Ver. no. or uplace) 16. SOCIAL SECURITY NO. 17. INFORMACE (Ver. no. or uplace) 17. INFORMACE (Ver. no. or uplace) 18. CAUSE OF DEATH [Enter only one couse per line sp. (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (s) OBORE COUSE (d). PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING. TO DEATH BUT NOT RELATED TO THE TERRINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFI	10a.	USUAL OCCUPATION during most of wor	N (Give kind of work king life, even if re	done 106. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (City as	d state or country)	12. CITIZEN OF WHAT COUNTRY
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····· STATEMENT BY LIČENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e Student Embalmer No...

working under my personal supervision..

Signature of Student Embalmer

Student.....

Charles L. H

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.